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STATEMENT OF

FORM 1	ORGANIZATION					Office Use Only	y.
NAME OF COMMITTEE (in	n full)	(Check if nai is changed)		mple:If typing, typ	e 12FE4M	5	
NetJets As	socia	tion of Shar	ed Aircr	aft Pilots	PAC; NJA	ASAP PA	C
		630 Morrison Road					
ADDRESS (number and street) (Check if address is changed)		Suite 110					
		Gahanna			OH	43230-5318]-[
			CITY		STATE	ZIP C	CODE
COMMITTEE'S E-MA (Check if is change	address	SS (Please provide only pac@njasap.com	one e-mail ad	dress)			
COMMITTEE'S WEB (Check if is change	address	DRESS (URL) www.njasap-pac.com	n; www.njasap- _l	oac.org; www.njas	ap-pac.net		
2. DATE 0°		5 / Y Y Y Y Y S					
3. FEC IDENTIFIC	CATION N	JMBER	C C0048826	2			
4. IS THIS STATE	MENT	NEW (N)	or ×	AMENDED ((A)		
Type or Print Name	of Treasure Michae	nis Statement and to the michael Cleary Il Cleary Boous, or incomplete infor		[Electronically Fil	ded] Date 0	6 25	2012 2012 5 2 U.S.C. §437g.
		ANY CHANGE IN INFO	•			•	
Office Use Only				For further informa Federal Election Con Toll Free 800-424-95 Local 202-694-1100	mmission	FEC F((Revised	